



Health Care Authority



Administrative Review Manager, PEBB *WMS Recruitment Announcement*

OPENS: July 3, 2006

LOCATION: Lacey, Washington

SALARY: \$53,300 to \$69,000 Annually, depending upon qualifications

CLOSES: Open Until Filled, first review July 24, 2006 (Early Application Encouraged)

Background: The Washington State Health Care Authority (HCA) is a cabinet-level agency of Washington State government whose mission is to be a leader in health care policy, purchase quality health care and other benefits, and provide excellent services for its programs. It carries out this mission by contracting with health plans and other contractors to provide health, dental, and other insurance coverage to state employees, retired state employees, enrollees in the Basic Health program, and uninsured low-income individuals served by community clinics. The agency also serves as the lead agency for the state's evidence-based prescription drug program, state prescription drug purchasing consortium, and state health technology assessment. HCA employs approximately 280 people located in Lacey and Seattle.

Role: Leads the Public Employees Benefits Board (PEBB) rules revision process, annual assessment of rules effectiveness, and needed modifications. This includes supervision of the creation and maintenance of a process for obtaining stakeholder input and ensuring that regulatory procedures are followed. Leads PEBB policy development related to existing and new state statute, federal law, and PEBB WACs. Writes policies and works collaboratively with the PEBB Operations Manager and other PEBB managers to ensure policy and procedures work effectively for the program. Reviews proposed legislation and provides input and analysis regarding program impacts. Leads the explanation and defense of PEBB related statutes, rules, and policies. Responds to inquiries and conflicts regarding PEBB rules, policies, and statutes. Manages the PEBB appeals process to include supervision of the Appeals Officer, setting procedures and performing quality assurance. Leads the implementation of legislative or policy determinations as needed. Serves as a key point of contact for budget completion and financial reporting for the PEBB division. Leads the development and maintenance of the PEBB business plan in conjunction with the Assistant Administrator.

The successful candidate will have the following:

- **A Bachelor's degree and two or more years experience** researching and analyzing laws, statutes, and legislation including soliciting and sharing information with stakeholders, and impacts to operations and finances. **OR a blend of education and equivalent years of experience as listed above.**
- **Two or more years experience supervising staff.**
- **Software Knowledge:** One or more years using spreadsheet software such as EXCEL, and word processing software such as WORD.
- **Interpersonal skills:** Earns the trust, respect and confidence of direct reports, peers and customers through consistent honesty, forthrightness, responsibility, and professionalism in all interactions. Adapts to changing business needs, conditions and work responsibilities. Adjusts work habits and methods if needed to achieve successful solutions and results.
- **Customer Service:** Ability to anticipate customer needs/expectations and provides research solutions and alternative s and information resources.
- **Time Management:** Ability to prioritize competing business priorities and meet deadlines.
- **Written Communication:** Ability to write clear, concise, persuasive, accurate, timely communication that positively influences the thoughts and actions of others. This includes policies, procedures, e-mail, letters, memos, and other correspondence.

- **Verbal Communication:** Ability to speak clearly, concisely, persuasively, accurately, and timely in order to positively influence the thoughts and actions of others. This includes in group meetings, one-on-one, telephonically, to customers, legislators, etc.
- **Project Management:** Ability to create project plans including goals, timelines, constraints, risks, includes all affected parties, and identifies outcomes and assignments.

Additional desirable qualifications include:

- **Software Knowledge:** One or more years scheduling tools such as Outlook, and conducting Internet searches.
- **Budget:** Skilled in the use of fiscal and financial systems and generally accepted accounting principles

Compensation: Annual compensation is \$53,300 to \$69,000 depending upon qualifications. We offer a solid benefit package that includes a state retirement plan, deferred compensation, 11 paid holidays, paid vacation and sick leave, and a full array of health, dental, life and long-term disability insurance coverage.

Interested candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience, including, dates, and length of experience in each of the areas listed in the Qualifications sections;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A list of a minimum of three employment references, two supervisors and one peer ;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Application Process: To be considered for the first review, application packets must be received no later than 5:00 p.m. on July 24, 2006.

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>Administrative Review Manager</u> in the subject line hrmb@hca.wa.gov Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

Applications will be acknowledged upon receipt, and all candidates will be notified by mail after the final selection has been made.

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____ authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date _____ Printed name of applicant _____

Applicant's signature _____

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original.

Health Care Authority

PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? If you are more than one race, please check "Other Race".

- | | | | | | |
|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |

☐ Other Race (specify indicate race or culture): _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b) ☐ No

3a. Dates served: from: _____ to _____ 3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.